INDEX FOR FORMS & SHEETS

ANIMAL WELFARE ORDER FORM

QUANTITY	APHIS FORM NO.	TITLE AND DESCRIPTION
_____	7005	Record of Dogs and Cats on Hand
_____	7006	Record of Disposition of Dogs and Cats
_____	7006A	Continuation Sheet (Record of Disposition of Dogs and Cats)
_____	7019	Record of Animals other than Dogs and Cats
_____	7020	Record of Disposition of Animals other than Dogs and Cats
_____	7020A	Continuation Sheet (Record of Disposition of Animals other than Dogs and Cats)

ORDERED BY: License/Registration No.: _____

Name: _____

Doing Business As: _____

Address: _____

_____

City, State Zip Code _____

Phone Number: _____
(Include Area Code)

Date: _____

FOR OFFICE USE ONLY

Order filled by: _____

Date: _____

FORM APPROVED OMB NO. 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), and the applicant is in compliance with the standards and regulations Section 2

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE

(TYPE OR PRINT)

☐ NEW LICENSE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: USDA, APHIS, AC

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

COUNTY: TELEPHONE ( )

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. B not acceptable)

COUNTY TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

5. TYPE OF LICENSE

☐ A - Dealer *(Breeder)* ☐ B - Dealer ☐ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YE

7. NATURE OF BUSINESS *(Check item(s) that describe nature of your business)*

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction
☐ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

8. TYPE OF ORGANIZATION

☐ Partnership ☐ Corporation ☐ Individual
☐ Other (Specify) _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	- -
DOLLAR AMOUNT ON WHICH FEE IS BASED *(Sections 2.6 and 2.7)*	

11. EXHIBITOR ONLY *(No. of animals holding now or held during the last business whichever is greater)*

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) *(List Species and No.)*			

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is tru correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subp Parts 1, 2 and 3. I certify that I am over 18 years of age.

12. SIGNATURE	13. NAME AND TITLE *(Type or Print)*	14. DATE

FORM APPROVED OMB NO. 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT:			
CUST:			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Telephone:

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION *(P.O. Box not acceptable)*

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (If any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

__ Class A - Breeder __ Class B - Deale X Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO

7.TYPE OF ORGANIZATION

__ Individual __ Corporation __ Partnership

__ Other (Specify) _____

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. *(Class C Exhibitors go to Block 9)*

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED *(SECTIONS 2.6 AND 2.7)*	

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)	
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS	FARM ANIMALS	BEARS	
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all the regulations and standards in 9 CFR, Subpart

10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX	13. DATE

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration. See reverse side for additional OMB information.

See reverse for additional OMB information.

FORM APPROVED
OMB NO. 0579-0036

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR REGISTRATION

(TYPE OR PRINT)

☐ **Research Facility** *(Complete items 1, 2, and Sections A, B, and C)*
☐ **Exhibitor** *(Complete items 1, 2, and Sections B and C)*
☐ **Carrier** *(Complete items 1, 2, and Section C)*
☐ **Intermediate Handler** *(Complete items 1, 2, and Section C)*

USDA USE ONLY

Applicant should send four (4) completed copies to this address:

REGISTRATION NO. | DATE REGISTERED

1. REGISTRANT *(Name and permanent mailing address, including Zip Code)*

2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES *(Use additional sheets if necessary)*

SECTION A

3. DO YOU USE OR INTEND TO USE DOGS OR CATS OR OTHER ANIMALS COVERED BY THE ANIMAL WELFARE ACT
☐ Yes ☐ No

4. DO YOU PURCHASE OR TRANSPORT DOGS OR CATS OR OTHER ANIMALS AS DEFINED IN THE ANIMAL WELFARE ACT
☐ Yes ☐ No

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS
☐ Yes ☐ No

6. IF "YES" IN ITEM 5, "X" OR SPECIFY
☐ Grant ☐ Award ☐ Loan ☐ Contract
Other *(Specify)*

7. NAME OF FEDERAL AGENCY(S) SUPPLYING FUNDS

8. NAME AND LOCATION OF EACH RESEARCH REPORTING FACILITY *(see 9 CFR, Section 2.36)* WHERE TEACHING, RESEARCH, TESTS, OR EXPERIMENTS ARE CONDUCTED WITH ANIMALS WHICH ARE COVERED BY THIS REGISTRATION. *(Use reverse or attach additional sheets.)*

SECTION B

9. NO. ANIMALS USED OR EXHIBITED ANNUALLY *(Attach additional sheets if needed)*

A. Dogs	B. Cats	C. Guinea Pigs	D. Hamsters	H. Other *(Specify and give No.)*
E. Rabbits	F. Non-human Primates	G. Marine Mammals		

SECTION C

10. NATURE OR ORGANIZATION OR BUSINESS *("X" one)*
☐ Private ☐ Commercial
☐ State, County or Municipal
☐ Federal

11. TYPE OF OPERATION *("X" each applicable operation)*
☐ College or University ☐ Hospital ☐ Exhibitor
☐ Carrier ☐ Intermediate Handler ☐ Air ☐ Rail ☐ Marine ☐ Truck

12. TYPE OF ORGANIZATION
☐ Partnership ☐ Corporation
☐ Individual ☐ Association
Other *(Specify)*

13. STATE WHERE INCORPORATED

14. DATE INCORPORATED

15. IF PARTNERSHIP, IDENTIFY EACH PARTNER OR OFFICER
IF CORPORATION OR ORGANIZATION, IDENTIFY PRINCIPAL OFFICERS *(Use reverse, if needed)*

A. NAME	B. TITLE	C. ADDRESS *(full address, including zip code)*

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge and belief.

16. SIGNATURE | 17. NAME AND TITLE *(Type or Print)* | 18. DATE SIGNED

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Chapter 1, Subchapter A.

19. SIGNATURE | 20. NAME AND TITLE *(Type or Print)* | 21. DATE SIGNED

U.S. Department of Agriculture Animal and Plant Health Inspection Service ANIMAL CARE	Checklist for Animal Care Inspection Report

Name of Licensee/Registrant _____ Site No. _____ Lic./Reg./No. _____

Site Name _____ Date of Inspection _____

	FACILITIES (permanent and transport)
	Structure & Construction
	Condition & Site
	Surfaces & Cleaning
	Utilities/Washrooms/Storage
	Drainage & Waste Disposal
	Temperature/Ventilation/Lighting
	Shelter from elements
	Capacity/Perimeter fence/Barrier

	PRIMARY ENCLOSURE
	General Requirements
	Space & Additional Requirements
	Protection from Predators

	ANIMAL HEALTH AND HUSBANDRY
	Exercise & Socialization
	Environment Enhancement
	Feeding
	Watering
	Cleaning Sanitation
	Housekeeping & Pest Control

	OTHER
	Identification
	Records & Holding Period
	Handling
	Veterinary Care
	IACUC
	Personnel Qualifications

USDA

Animal Care

USDA, APHIS, Animal Care

ANIMAL WELFARE COMPLAINT

Complaint No.	Date Entered	Received By
Referred To		Reply Due

Facility or Person Complaint Filed Against

Name			Customer/License/Registration No.
Address			
City	State	Zip	Phone No

Complainant

Name		Organization	
Address			
City	State	Zip	Phone No./Email address

How was complaint received?

Details of Complaint:

Results:

Application packet provided? Yes ☐ No ☐

INSPECTOR DATE

REVIEWED BY DATE

EXERCISE PLAN FOR DOGS

_____ _____

Licensee/Registrant Name (Type or Print legibly) Licensee/Registrant #

The Animal Welfare Act Regulations, Title 9, CFR, Subpart A, Part 3, Section 3.8, requires all licensees and registrants to develop, document, and follow an appropriate exercise plan for their dogs. In addition, the exercise plan must be approved by the attending veterinarian. In developing an exercise plan, you should consider providing positive physical contact with humans that encourages exercise through play or similar activities. If dogs are maintained without sensory contact with other dogs, they must be provided with daily physical contact with humans. Forced methods of exercise, such as treadmills, swimming, or carousels are unacceptable for meeting the exercise requirements.

Please check the appropriate box and, if necessary, describe below:

[ ] My dogs are over 12 weeks of age (except bitches with litters), and are housed individually in a cage, pen, or run that provides at least two times the floor space required for that dog, as described in Section 3.6(c)(1).

[ ] My dogs are over 12 weeks of age and are housed in compatible groups in a cage, pen, or run that provides, in total, at least 100 percent of the required space for each dog if it were maintained separately.

[ ] Other: Please describe the exercise provided to your dogs to meet these requirements (type or print legibly).

A. Frequency:

_____

B. Method: _____

_____

C. Duration: _____

I. I have read the regulations pertaining to the need and requirements for a written exercise plan for my dogs and hereby submit this completed "Exercise Plan for Dogs" to meet that requirement.

_____ _____

Licensee/Registrant Signature Date

II. I have read and approve this exercise plan.

_____

Veterinarian's Name (Type or Print legibly)

_____ _____

Veterinarian's Signature Date 5.4.9

INSTRUCTIONS FOR EXERCISE PLAN

Each dealer, exhibitor, and research facility must have a written plan of exercise that has been approved by your veterinarian. This written plan must be kept at your facility and must be made available to the USDA inspector upon request.

The following two examples do not require additional opportunity for exercise:

1. Individually housed dogs: Dogs with two times the minimum required floor space do not require additional exercise. Calculate your floor space as follows:

   Measure dog from tip of nose to base of tail, add 6 inches to this number.

   Multiply: (length of dog + 6 inches) X length of dog + 6 inches).

   Answer = minimum floor space in square inches.

   DOUBLE the amount of this answer to meet exercise requirements.

2. Dogs in Groups: Dogs maintained in cages or pens that provide each dog with 100% of the minimum required floor space do not require additional exercise.

   Multiply: (length of dog + 6 inches) X length of dog + 6 inches).

   Answer = minimum floor space in square inches.

   DO NOT DOUBLE this answer to meet the exercise requirement space for group housed dogs.

If your dogs are not kept in space that fits into the examples above, you need to develop an additional plan that provides opportunity for exercise. We encourage you to provide positive physical contact with humans that encourages exercise through play or other activities. Allowing access to runs or open areas or leash walking are two more examples of ways to provide exercise. Whatever method you elect to provide, make sure the exercise is provided to the dogs often enough to be beneficial.

Document your exercise plan in writing, have your attending veterinarian approve and sign it, and keep the form available for USDA review along with your other records. Do not send this plan into the Regional Office.

USDA

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Services

Animal Care

Dear Applicant:

Before APHIS can issue a license to you to engage in regulated activities that involve the handling of dangerous or potentially dangerous animals, you must demonstrate compliance with the applicable Animal Welfare Act regulations and standards (including demonstrating that you and your employees have adequate experience and training to handle such animals in accordance with the regulatory requirements). For the safety of the personnel and the animals, we strongly encourage at least two persons be present when working with dangerous animals in a free or potential contact environment.

Exhibitions That Do Not Involve Direct Public Contact With Animals: The handling regulations require that animals must be handled during public exhibition so that there is minimal risk of harm to the animals and to the public, with sufficient distance and/or barriers between the animals and the general viewing public so as to ensure the safety of the animals and the public. The regulations further require that dangerous animals exhibited to the public must be under the direct control and supervision of a knowledgeable and experienced animal handler. Animal handlers should have demonstrable knowledge of and skill in currently accepted professional standards and techniques in animal training and handling. They should also be able to recognize normal and abnormal behavior and signs of behavioral stress for the species being exhibited, in order to comply with the handling regulations. Handlers must be experienced and be able to apply their knowledge to the safe exhibition of animals. This generally requires at least two years of experience involving the species being exhibited.

Exhibitions That Allow Direct Public Contact With Animals: Exhibitions that may involve direct public contact include, but are not limited to, circuses, carnivals, elephant rides, photo opportunities, magic acts, and public feeding of animals. The regulations prohibit the use of drugs to facilitate, allow, or provide for public handling of any animals. Public contact with certain dangerous animals may not be done safely under any conditions. In particular, direct public contact with juvenile and adult felines (e.g., lions, tigers, jaguars, leopards, cougars) does not conform to the handling regulations, because it cannot reasonably be conducted without a significant risk of harm to the animal or the public. The handling regulations do not appear to specifically prohibit direct public contact with infant animals, so long as it is not rough or excessive, and so long as there is minimal risk of harm to the animal and to the public. If you intend to exhibit juvenile or adult[1] large felines

[1] over 3 months of age

(e.g., lions, tigers, jaguars, leopards, cougars), and would like Animal Care to review your proposed exhibition to determine whether it will comply with the handling regulations, please include with your application a description of the intended exhibition, including the number, species, and age of animals involved and the expected public interaction.

The regulations require that a responsible, knowledgeable and readily identifiable employee be present during all periods of public contact. In addition to the handler qualifications described in the preceding section, handlers of animals exhibited in direct contact with the public should have at least one year of experience with public contact exhibition of the species involved.

Only handlers who meet these qualifications should be allowed to handle the animals during public contact. At least two qualified handlers should be present during periods of public contact, and more qualified handlers may be needed depending on the number of animals and circumstances of the exhibition. Comparable alternative safety measure will be considered on an individual basis. Additional personnel may be needed to guard against members of the public inappropriately approaching the animals. These personnel are not required to meet the handler qualifications.

We strongly encourage licensees who operate public contact venues to have a written contingency plan to address restraint, recapture, and/or euthanasia of the animals in the event of aggressive behavior, escape, and/or other emergency situations. Such a plan should include, at a minimum, procedures for handling and recapturing escaped animals, a clear description of the chain of command during such events, criteria for selecting restraint methods, protocols for euthanasia in emergency situations, and provisions for contacting local law enforcement and animal control officials. Emergency equipment identified in the contingency plan (such as CO2 fire extinguishers, high pressure hoses, pepper sprays, darting equipment, chemical restraint drugs, nets, cell phone, 2-way radios, etc.) should be available during all periods of potential public contact.

To facilitate the licensing procedures and to aid in determining whether an applicant can demonstrate compliance with the handler qualification and safety requirements, we request that documentation of handler qualifications and a copy of the contingency plan be submitted to this office for review and determination of acceptability under the Animal Welfare Act.

Please send all information to this office. If you have any questions, please call this office during the hours of 7:30 am to 4:00 pm, Monday through Friday.

Sincerely,

Regional Director
Animal Care

5.4.13

United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

INSPECTION REPORT

Name of Licensee/Registrant	Site No.	Lic. / Reg. Number
Business Name (DBA)	Site Name	Date of Inspection
Facility Mailing Address	Site Address	Inspection Time
City, State, Zip (for facility)	Site City, State, Zip (for site)	Inspection Type

NARRATIVE

Prepared By: _____ Date: _____

Title: _____, USDA, APHIS, Animal Care LARIS ID NO. _____

Copy Received By: _____ Date: _____

Title: _____

ITINERARY FOR TRAVELING FACILITIES

NAME OF LICENSEE:			LICENSE NO.:	
D.B.A. (if applicable)			DATE:	
DATE(S) From	To	LOCATION: (Address & necessary instructions for location of premises)	PHONE NUMBER AT LOCATION	PERSON TO CONTACT AT LOCATION

LIST OF COMMERCIAL TAG MANUFACTURERS

Ketchum Manufacturing Company
Lake Luzerne, N.Y. 12846
518-696-3331
800-222-0460

National Band & Tag Company
721 York Street
PO Box 72430
New Port, KY 41072-0430
859-261-2035
Fax: 1-800-261-8247
e-mail: www.nationalband.com

Products International Company
2345 W. Holly Street
Phoenix, AZ 85009
602-257-0141
800-521-5123

St. Paul Stamp Works, Inc.
946 University Avenue
St. Paul, MN 55104
651-228-1522
e-mail: www.municipaldiv.com

USDA

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

Dear Licensee/Registrant

APHIS published a change to the standards which requires all outdoor housing facilities to be enclosed by a perimeter fence that is of sufficient height to keep animals and unauthorized persons out. All facilities must meet this requirement on or before May 17, 2000 or have a variance from this standard.

Potentially dangerous animals require an 8 feet perimeter fence. Examples of these species include, but are not limited to, bears, wolves, rhinoceros, elephants, large felines (lions, tigers, leopards, cougars, jaguars), etc. All other species require a 6 feet perimeter fence. Examples of these species include, but are not limited to, ferrets, raccoons, skunks, elk, deer, antelope, small exotic felines (margay, fishing cat, lynx), etc. The perimeter fence must be located at least 3 feet from the primary enclosure. Fences not meeting these requirements must be approved by the Administrator.

You may request a variance from the perimeter fence requirements if one or more of the following conditions are met:

- the outside walls of the primary enclosures are made of sturdy, durable material and are constructed in a manner that restricts the entry of animals and unwanted persons
- the outdoor housing facility is protected by an effective barrier that restricts the regulated animals to the facility and restricts entry by animals and unwanted persons
- appropriate alternative security measures are used

To request a variance, please submit in writing the following information:

- your name and address
- your business name, if applicable
- license or registration number
- a description of the animal's primary enclosures (size, wall/fence height, construction materials used for the enclosure walls)
- describe the species of animals in each enclosure (number within each enclosure, age, health status)
- describe the location of your facility (rural, urban, remote, residential, closeness of neighbors, etc.)
- description of barrier fence (construction materials of the barrier, distance from enclosure walls, height of barrier)
- description of current perimeter fence (height, construction materials used for the perimeter fence)
- description of alternative security measures, such as security guards/personnel, cameras, alarms, etc.

5.4.17

We recommend you include pictures and/or a drawing of the layout of your facility and enclosures to assist us in evaluating your facility.

Mail your request and supporting documents to:

USDA-APHIS-Animal Care

We appreciate your efforts to comply with the Animal Welfare Act. If you have any questions or concerns, please do not hesitate to call our office.

Sincerely,

Regional Director
Animal Care

5.4.18

PHOTOGRAPH LABEL

SUBJECT/NAME _____

LIC/REG/CASE NO. _____

SECTION NO. _____ TIME _____

DESCRIPTION OF PHOTOGRAPH

PHOTOGRAPHER_____ DATE_____

SUBJECT Procedure for Obtaining a Tattoo Code

This is to clarify the policy and proper procedures to follow when a licensee requests a tattoo.

The tattoo identification will be assigned from the Regional Office. Each licensee who wishes to use tattoos to identify his or her animals will be assigned a code for identification to include the type of business and the State in which he or she is licensed. In addition to the dealer's codes assigned, the dealer will be required to add the necessary numbers to the tattoo to uniquely identify each animal.

Licensees having dogs or cats identified with tattoos that received prior Department approval will be allowed to retain the old tattoo identification on these animals and use the new tattoo identification on any additional animals acquired.

If you wish to continue to use tattoo identification for your animals, please write to request an assigned tattoo code for your facility. Please direct your request to:

(Name -- Regional Director)
Director - _____ Region
USDA, APHIS, AC
Street Address
City State Zip Code

Should you have any questions regarding this matter, please feel free to contact our office at: (Phone No.: (Area Code) _____)

The Animal Welfare Regulations, Title 9, Subchapter A, Part II, Subpart C, Section 2.33 and Subpart D, Section 2.40 require a Program of Veterinary Care.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM APPROVED OMB NO. 0579-0[illegible]

OFFICE USE ONLY

DATE RECEIVED

ANIMAL CARE

(Program of Veterinary Care for Research Facilities or Exhibitors/Dealers)

SECTION I. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:

A. LICENSEE/REGISTRANT	B. VETERINARIAN
1. NAME	1. NAME
2. BUSINESS NAME	2. CLINIC
3. USDA LICENSE/REGISTRATION NUMBER	3. STATE LICENSE NUMBER
4. MAILING ADDRESS	4. BUSINESS ADDRESS
5. CITY, STATE AND ZIP CODE	5. CITY, STATE AND ZIP CODE
6. TELEPHONE NO. *(Home)* ; TELEPHONE NO. *(Business)*	6. TELEPHONE NO. *(Business)*

This is a form that may be used for the Program of Veterinary Care. Also, this form may be used as a guideline for the written Program of Veterinary Care as required.

The attending veterinarian shall establish, maintain and supervise programs of disease control and prevention, pest and parasite control, pre-procedural and post-procedural care, nutrition, euthanasia and adequate veterinary care for all animals on the premises of the licensee/registrant. A written program of adequate veterinary care between the licensee/registrant and the doctor of veterinary medicine shall be established and reviewed on an annual basis. By law, such programs must include regularly scheduled visits to the premises by the veterinarian. Scheduled visits are required to monitor animal health and husbandry.

Pages or blocks which do not apply to the facility should be marked N/A. If space provided is not adequate for a specific topic, additional sheets may be added. Please indicate Section and Item Number.

I have read and completed this Program of Veterinary Care, and understand my responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency _____ (minimum annual)

C. SIGNATURE OF LICENSEE/REGISTRANT	DATE
D. SIGNATURE OF VETERINARIAN	DATE

APHIS FORM 7002
(JUN 92)

CHECK IF N/A ☐

SECTION II. DOGS AND CATS

VACCINATIONS - SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES

CANINE			FELINE		
	JUVENILE	ADULT		JUVENILE	ADULT
ARVOVIRUS			PANLEUK		
DISTEMPER			RESP VIRUSES		
HEPATITIS			RABIES		
LEPTOSPIROSIS			OTHER *(Specify)*		
RABIES					
BORDETELLA					
OTHER *(Specify)*					

PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:

ECTOPARASITES *(Fleas, Ticks, Mites, Lice, Flies)*

BLOOD PARASITES *(Heartworm, Babesia, Ehrlichia, Other)*

INTESTINAL PARASITES *(Fecals, Deworming)*

EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

EUTHANASIA

SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING

☐ VETERINARIAN ☐ LICENSEE/REGISTRANT

METHOD(S) OF EUTHANASIA

ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

- ☐ Congenital Conditions
- ☐ Quarantine Conditions
- ☐ Nutrition
- ☐ Anthelmintic alternation
- ☐ Other *(Specify)* _____
- ☐ Exercise Plan *(Dogs)*
- ☐ Proper Handling of Biologics
- ☐ Venereal Diseases
- ☐ Pest Control and Product Safety
- ☐ Proper Use of Analgesics and Sedatives

CHECK IF N/A ☐

SECTION III. WILD AND EXOTIC ANIMALS

A. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS *(Enter N/A if not applicable)*

CARNIVORES

HOOFED STOCK

PRIMATES

ELEPHANTS

MARINE MAMMALS

OTHER *(Specify)*

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES *(Fleas, Ticks, Mites, Lice, Flies)*

2. BLOOD PARASITES

3. INTESTINAL PARASITES

C. EMERGENCY CARE

1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

D. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING.

☐ VETERINARIAN ☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

- ☐ Pest Control and Product Safety
- ☐ Quarantine Procedures
- ☐ Zoonoses
- ☐ Other *(Specify)* _____
- ☐ Environment Enhancement *(Primates)*
- ☐ Water Quality *(Marine Mammals)*
- ☐ Species-specific Behaviors
- ☐ Proper Storage and Handling of Drugs and Biologics
- ☐ Proper Use of Analgesics and Sedatives

F. LIST THE SPECIES SUBJECTED TO TB TESTING, AND THE FREQUENCY OF SUCH TESTS

CHECK IF N/A ☐

SECTION IV. OTHER WARMBLOODED ANIMALS

INDICATE SPECIES

VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS
(Enter N/A if not applicable)

PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

ECTOPARASITES *(Fleas, Ticks, Mites, Lice, Flies)*

INTERNAL PARASITES *(Helminths, Coccidia, Other)*

EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

EUTHANASIA

SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING

☐ VETERINARIAN ☐ LICENSEE/REGISTRANT

METHOD(S) OF EUTHANASIA

ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

- ☐ Pasteurellosis
- ☐ Pododermatitis
- ☐ Cannibalism
- ☐ Wet Tail
- ☐ Other *(Specify)*_____
- ☐ Species Separation
- ☐ Malocclusion/Overgrown Incisors
- ☐ Pest Control and Product Safety
- ☐ Handling

5.4.24

U.S. GOVERNMENT PRINTING OFFICE : 1993 O - 339-536

This record is required by law (7 USC 2131-2156). (9 CFR, Subchapter A, Parts 1, 2 and 3) Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than $1,000, or both.

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

See reverse side for OMB information

FORM APPROVED
OMB NO. 0579-0036

1. RECORD FOR ("X")
- ☐ Dealer
- ☐ Holding Facility (Submit copy to Dealer)
- ☐ Other
- ☐ Exhibitor (Dogs and Cats only)

USDA LICENSE OR REGISTRATION NO

2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY

3. BUSINESS YEAR
FROM (Mo. Day. Yr.) TO (Mo. Day. Yr.)

4. PAGE NO.

IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)							ACQUIRED FROM		DISPOSITION	
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT "X" M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)
	M / F	M / F								
	M / F	M / F								
	M / F	M / F								
	M / F	M / F								
	M / F	M / F								
	M / F	M / F								

5.4.25

APHIS FORM 7005 INSPECTOR LAST INSPECTION (Date) TOTAL NO. ANIMALS ENTERED COUNT TOTAL NO. ANIMALS ACTUALLY DIFFERENCE (+ OR -) DATE INITIALS

5.4.26

BREED ABBREVIATIONS - DOGS (Column F)

Afghan Hound	- AH	Dachshund	- DH	Komondor	- KM	Shih-tzu	- SI
Airedale Terrier	- AD	Dalmation	- DL	Labrador Retriever	- LR	Silky Terrier	- ST
Akita	- AK	Doberman	- DB	Lhasa Apso	- LA	Spitz	- SZ
American Bull Terrier	- AB	Elkhound	- EH	Malamute	- MM	Springer Spaniel	- SR
Basenji	- BS	English Bulldog	- EB	Mastiff	- MA	Staffordshire Bull Terrier	- SA
Basset Hound	- BH	English Setter	- ES	Maltese	- MT	Walker	- WK
Beagle	- BE	Eskimo Dog	- ED	Miniature Pinscher	- MP	Weimaraner	- WI
Bedlington Terrier	- BL	Foxhound	- FH	Newfoundland	- NF	Welsh Corgi	- WC
Bichon Frise	- BF	Fox Terrier	- FT	Old English Sheepdog	- OE	Whippet	- WH
Black and Tan Coonhound	- BT	French Bulldog	- FB	Pekingese	- PK	Yorkshire Terrier	- YT
Bluetick	- BK	German Sheperd	- GS	Pomeranian	- PM	Other (Specify)	
Boston Terrier	- BO	German Short Haired Pointer	- SH	Poodle	- PO		
Boxer	- BX	Golden Retriever	- GR	Pug	- PU		
Bullmastiff	- BM	Gordon Setter	- GO	Redbond Coonhound	- RB		
Cairn Terrier	- CT	Great Dane	- GD	Rhodesian Ridgeback	- RR		
Catahoula	- CU	Great Pyrenees	- GP	Rottweiler	- RW		
Chihuahua	- CA	Greyhound	- GH	Saint Bernard	- SB		
Chinese Crested Dog	- CD	Husky	- HK	Samoyed	- SM		
Chow-Chow	- CC	Irish Setter	- IS	Schipperkee	- SK		
Cocker Spaniel	- CK	Jack Russell Terrier	- JR	Schnauzer	- SN		
Collie	- CL	Keeshond	- KH	Scottish Terrier	- SC		
Coonhound (Specify)	- CH	King Charles Spaniel	- KC	Shar-pei	- SP		
				Shetland Sheepdog	- SS		

CATS (Col F)

Abyssinian	- AH	Persian	- PR
Burmese	- BU	Russian Blue	- RB
Domestic Long Hair	- DL	Rex	- RE
Domestic Short Hair	- DS	Siamese	- SI
Himalayan	- HM	Other (Specify)	
Maine Coon	- MC		
Manx	- MX		

TYPE (Column F)

Hound Crossbreed	- HX
Terrier Crossbreed	- TX
Sheperd Crossbreed	- SX
Spaniel Crossbreed	- PX

RECORD OF ANIMALS ON HAND
(Other than Dogs or Cats)

U S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

This record is required by law (7 U S C 2131 2156) Failure to maintain this record can result in suspension or revocation of license

FORM APPROVED OMB NO 0579-0036

1 USDA LICENSE NO.

2 NAME AND ADDRESS OF DEALER

3 BUSINESS YEAR
FROM (Mo Day Yr) TO (Mo Day Yr)

4 PAGE NO

CONTAINER TAG NO CRATE OR PEN NO	NO ANIMALS	INDIVIDUAL IDENT TATTOOS OR TAG NOS (If applicable)	SPECIES	AGE SEX: NO YOUNG	AGE SEX: NO ADULT	ARRIVAL AT PREMISES: INVOICE NO	ARRIVAL AT PREMISES: DATE (Mo Day Year)	ARRIVAL AT PREMISES: FROM (Name and Address) (Give License No If Licensee)	DISPOSITION: DATE SOLD EXCHANGED OR DONATED: INVOICE NO	DISPOSITION: DATE SOLD EXCHANGED OR DONATED: MO. DAY YEAR	DISPOSITION: DATE DIED (Mo Day Yr)
A	B	C	D	E	E	F	G	H	I	J	K
				M F	M F						
				M F	M F						
				M F	M F						
				M F	M F						
				M F	M F						
				M F	M F						
				M F	M F						
				M F	M F						
				M F	M F						
				M F	M F						

INSPECTOR'S INITIALS

DATE

APHIS FORM 7019
(JAN 90)

Replaces VS 18 19 (9 72) which may be used

U S Government Printing Office 1991 — 517-914/40644

5.4.27

This record is required by law (7 USC 2131-2156) (9 CFR Subchapter A Parts 1, 2 and 3) Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year or a fine of not more than $1,000, or both

See reverse side for additional informa

U S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM APPROVED OMB NO. 0579-0036

RECORD OF DISPOSITION OF DOGS AND CATS

☐ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

1. DATE OF DISPOSITION

2. PAG

1 OF

INSTRUCTIONS: Complete applicable items 1 through 8 Original and USDA Copy to be retained by seller.
Buyer's Copy to accompany shipment It must be retained by Buyer

3. SELLER OR DONOR *(Name & Address)*

4. BUYER OR RECEIVER *(Name)*

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. *(Seller)*

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO *(if any)*

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED *(See reverse for Breed Abbreviations for Dogs and Cats)* * If mixed breed, list 2 dominant breeds

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG	CAT	AGE OR DATE OF BIRTH	WT	BREED OR TYPE *	DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail, Tattoos, etc.)
	"X" M OR F					
A	B	C	D	E	F	G
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6 DELIVERY BY *(Check one and complete applicable items 7 and 8)*

☐ COMMERCIAL SHIPPER ☐ BUYER'S VEHICLE ☐ SELLER'S VEHICLE

7 NAME AND ADDRESS OF COMPANY OR FIRM *(Include Zip Code)*

8 NAME AND BUSINESS ADDRESS OF TRUCK DRIVER *(Include Zip Code)*

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

APHIS FORM 7006 (Previous edition may be used.)
(JUN 95)

5.4.28

BREED ABBREVIATIONS - DOGS (Col. F)

Afghan Hound	AH	English Setter	ES	Pomeranian	PM
Airedale Terrier	AD	Eskimo Dog	ED	Poodle	PO
Akita	AK	Foxhound	FH	Pug	PU
American Bull Terrier	AB	Fox Terrier	FT	Redbone Coonhound	RB
Basenji	BS	French Bulldog	FB	Rhodesian Ridgeback	RR
Basset Hound	BH	German Shepard	GS	Rottweiler	RW
Beagle	BE	German Short Haired Pointer	SH	Saint Bernard	SB
Bedlington Terrier	BL	Golden Retriever	GR	Samoyed	SM
Bichon Frise	BF	Gordon Setter	GO	Schipperkee	SK
Black and Tan Coonhound	BT	Great Dane	GD	Schnauzer	SN
Bluetick	BK	Great Pyreness	GP	Scottish Terrier	SC
Boston Terrier	BO	Greyhound	GH	Shar-pei	SP
Boxer	BX	Husky	HK	Shetland Sheepdog	SS
Bullmastiff	BM	Irish Setter	IS	Shih-tzu	SI
Cairn Terrier	CT	Jack Russell Terrier	JR	Silky Terrier	ST
Catahoula	CU	Keeshond	KH	Spitz	SZ
Chihuahua	CA	King Charles Spaniel	KC	Springer Spaniel	SR
Chinese Crested Dog	CD	Komondor	KM	Staffordshire Bull Terrier	SA
Chow-Chow	CC	Labrador Retriever	LR	Walker	WK
Cocker Spaniel	CK	Lhasa Apso	LA	Weimaraner	WI
Collie	CL	Malamute	MA	Welsh Corgi	WC
Coonhound (Specify)	CH	Mastiff	MA	Whippet	WH
Dachshund	DH	Maltese	MT	Yorkshire Terrier	YT
Dalmation	DL	Miniature Pinscher	MP	Other (specify)	
Doberman	DB	Newfoundland	NF		
Elkhound	EH	Old English Sheepdog	OE		
English Bulldog	EB	Pekingese	PK		

BREED ABBREVIATIONS - CATS (Col. F)

Abyssinian	AB	Manx	MX	Other (specify)
Burmese	BU	Persian	PR	
Domestic Long Hair	DL	Russian Blue	RB	
Domestic Short Hair	DS	Rex	RE	
Himalayan	HM	Siamese	SI	
Maine Coon	MC			

TYPE (Col. F)

Hound Crossbreed	HX
Terrier Crossbreed	TX
Sheperd Crossbreed	SX
Spaniel crossbreed	PX

APHIS FORM 7006 REVERSE

This record is required by law (7 U.S.C. 2131 - 2156) (9 CFR Subchapter A, Parts 1, 2 and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than $1,000 or both

See reverse side for additional information

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM APPROVED OMB NO. 0579-0036

CONTINUATION SHEET FOR RECORD OF DISPOSITION OF DOGS AND CATS

☐ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

1. DATE OF DISPOSITION

2. PAGE ___ OF ___

3. SELLER OR DONOR (Name & Address)

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (if any)

4. BUYER OR RECEIVER (Name)

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (if any)

5. IDENTIFICATION OF ANIMALS BEING DELIVERED * If mixed breed, list 2 dominant breeds

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER. (A)	DOG (B)	CAT (C)	AGE OR DATE OF BIRTH (D)	WT (E)	BREED OR TYPE * (F)	DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail, tattoos, etc.) (G)
	X M OR F					
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
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	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

APHIS FORM 7006A (Previous edition may be used.)

5.4.30

This record is authorized by law (7 USC 2131-2156). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than $1,000, or both

See reverse side for additional information

FORM APPROVE
OMB NO. 0579-0

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT OF ANIMALS *(Other Than Dogs and Cats)*

☐ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

1. INVOICE NO.

2. PAGE 1 OF

3. DATE OF DISPOSITION

4. DEALER'S LICENSE NO.

INSTRUCTIONS: Complete applicable items 1 through 13. Original and one copy to accompany animals. When delivery is made - items 14 through 20 must be completed. Original retained by Buyer (Receiver) and copy one returned to Dealer (Seller or Donor). Copy two to be retained by Dealer (Seller or Donor). Attach Continuation Sheet (APHIS FORM 7020A) as needed.

4. SELLER OR DONOR *(Name and Address, include Zip Code)*

5. BUYER OR RECEIVER *(Name and Address, include Zip Code)*

7. USDA LICENSE NO. *(If any)*

8. IDENTIFICATON OF ANIMALS BEING DELIVERED

A. CONTAINER TAG NO., CRATE OR PEN NO.	B. NO. ANIMALS	C. PREVIOUS INVOICE NO. *(if any)*	D. INDIVIDUAL IDENT., TATTOOS, TAG NOS. *(if applicable)*	E. SPECIES	AGE - SEX F. NO. YOUNG	AGE - SEX G. NO. ADULT	H. EST. WEIGHT *(lbs.)*	I. REMARKS *(Condition, etc.)*	RECEIVER'S USE J.	RECEIVER'S USE K.
					M F	M F				
					M F	M F				
					M F	M F				
					M F	M F				
					M F	M F				
					M F	M F				
					M F	M F				
					M F	M F				
					M F	M F				
					M F	M F				

DELIVERY BY COMMERCIAL CARRIER

9. DELIVERY BY *("X" one)*

☐ Buyer's Truck ☐ Dealer's Truck (Seller or Donor)

10. TRUCK LICENSE NO.

11. BILL OF LADING NO.

12. NAME AND ADDRESS OF COMPANY OR FIRM

13. NAME AND ADDRESS OF TRUCK DRIVER

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERED WERE *("X" one)*

☐ IN APPARENT GOOD CONDITION ☐ POOR CONDITION ☐ REJECTED *(Attach explanation for rejection)*

15. TOTAL NUMBER RECEIVED

16. NUMBER DEAD

17. NUMBER ALIVE

18. BY *(Signature)*

19. TITLE

20. DATE

APHIS FORM 7020 (APR 93)

(Replaces VS FORM 18-20, which is now obsolete, and APHIS Form 7020 (10-90) which may be used.)

5.4.32

Public reporting burden for this collection of information is estimated to average 1.7 annual hours per recordkeeper, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

APHIS FORM 7020 (Reverse)

This record is authorized by law (7 U.S.C. 2131-2156) Failure to maintain this record can result in a suspension or or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than $1,000, or both

See reverse side for additional information

FORM APPROVE
OMB NO 0579-0

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

CONTINUATION SHEET FOR RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT OF ANIMALS

(Other than Dogs and Cats)

☐ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

1. INVOICE NO.

2. PAGE OF

3. DATE OF DISPOSITION

4. DEALER'S LICENSE NO.

4. SELLER OR DONOR *(Name)*

6. BUYER OR RECEIVER *(Name)*

8 IDENTIFICATION OF ANIMALS BEING DELIVERED

A.	B	C	D	E.	AGE SEX		H.	I.	RECEIVER'S USE	
CONTAINER TAG NO., CRATE OR PEN NO.	NO ANIMALS	PREVIOUS INVOICE NO *(if any)*	INDIVIDUAL IDENT., TATTOOS, TAG NOS. *(if applicable)*	SPECIES	F NO. YOUNG	G. NO. ADULT	EST. WEIGHT *(lbs.)*	REMARKS *(Condition, etc.)*	J.	K.
					M / F	M / F				
					M / F	M / F				
					M / F	M / F				
					M / F	M / F				
					M / F	M / F				
					M / F	M / F				
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					M / F	M / F				
					M / F	M / F				
					M / F	M / F				
					M / F	M / F				

APHIS FORM 7020A *Replaces VS Form 18 20A (9-88) which may be used*

Public reporting burden for this collection of information is estimated to average 1.7 annual hours per recordkeeper, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

APHIS FORM 7020A (Reverse)

RE: Request for USDA License

_____ Date _____

_____ Phone Number: _____

_____ County: _____

Enclosed are information and forms for licensing under the Animal Welfare Act (AWA).

Copies of the AWA regulations and standards are enclosed for your information; the different license classes are outlined on Page 2 in Part 1, Section 1.1, of the 9CFR (Definitions). If your operation meets the definition of a Class A, , B, or C license, complete the enclosed Application for License (APHIS Form 7003-A) and return it to our office with a check, money order, or credit card authorization for the $10.00 for the nonrefundable application fee. CASH PAYMENTS CANNOT BE ACCEPTED.

The enclosed Program of Veterinary Care (PVC) should be completed and signed by your veterinarian and must be signed by you. Keep the properly competed PVC as a part of your records that will be reviewed by your USDA inspector. DO NOT send the completed PVC form to this office.

Following receipt of your application and the $10.00 application fee, one of our field representatives will be assigned to make a prelicense inspection of your facility. Once your facility and records are in compliance with all regulations and standards, you will be asked to submit your annual license fee. Do not submit the annual license fee until you are in compliance. Upon receipt of all necessary paperwork, inspections, and fees, your license will be issued. You must not engage in any activities covered under the AWA without first obtaining a license.

The licensing process must be completed within 90 days after your initial prelicense inspection. If your facility is not in compliance with the regulations and standards on the initial inspection, you will be allowed two additional inspections within the 90-day period. If the facility is still not in compliance by the third inspection or the 90 days has elapsed, your application will be closed and you must wait six (6) months before submitting a new application.

Please call (phone no:_____) between (office hours: _____) with any questions.

Sincerely,

(Name -- Regional Director)
Director - Animal Care
_____ Region

Inspector:_____

Enclosure: Application Kit

5.4.36

REQUEST TO ADD/DELETE SITES

Licensee/Registrant Name: _____

License/Registration Number: _____

I/We wish to: Add ☐ Delete ☐ the following sites:

Site No.: _____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact/Person: _____ Phone No.: _____

Site No.: _____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact/Person: _____ Phone No.: _____

Site No.: _____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact/Person: _____ Phone No.: _____

_____ _____

Facility Signature Date

_____

Print Name/Title

Request to Use Microchipping as a Method of Identification

Name of Business: _____ Name of Owner: _____

Address: _____

City _____ State _____ Zip _____

USDA Lic./Reg. Number _____ USDA Tattoo# (if any) _____

Microchip Information:

Manufacturer and/or Model of Microchip and Reader _____

Location of Microchip (For example: left side of neck)

_____

* The location of the chip must be consistent from animal to animal

I accept and understand that:

- The microchip scanner must be readily available to APHIS officials.
- Animal identification records must indicate the microchip number, the manufacturer of the chip, and the approximate location of the microchip in the animal.
- When sold or given to another regulated facility, animals with a microchip must have an official tag or tattoo if the new facility does not have a compatible scanner.
- APHIS may revoke an approval at any time if the microchipping system is discovered to be ineffective.

Licensee/Registrant Signature _____

Date _____

Approved by APHIS Official _____

Date _____

USDA

Animal Care

USDA, APHIS, Animal Care

SEARCH FOR UNLICENSED ACTIVITY

Search Conducted by	Date Conducted

Name of Establishment		Customer No. if applicable	
Person Contacted			
Address			
City	State	Zip	Phone No

Reason for search

Regulated activity verified	Non-compliances present	Inspection Report done?
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Application packet and information provided? Yes ☐ No ☐

Details of Search:

INSPECTOR	DATE
REVIEWED BY	DATE

State and Territory Identification Codes
National Uniform Tag Code Number

Arranged Alphabetically

Alabama	64	Montana	81
Alaska	96	Nebraska	47
Arizona	86	Nevada	88
Arkansas	71	New Hampshire	12
California	93	New Jersey	22
Colorado	84	New Mexico	85
Connecticut	16	New York	21
Delaware	50	North Carolina	55
Dist. Of Columbia	10	North Dakota	45
Florida	58	Ohio	31
Georgia	57	Oklahoma	73
Guam	97	Oregon	92
Hawaii	95	Pennsylvania	23
Idaho	82	Puerto Rico	94
Illinois	33	Rhode Island	15
Indiana	32	South Carolina	56
Iowa	42	South Dakota	46
Kansas	48	Tennessee	63
Kentucky	61	Texas	74
Louisiana	72	Utah	87
Maine	11	Vermont	13
Maryland	51	Virginia	52
Massachusetts	14	Virgin Islands	98
Michigan	34	Washington	91
Minnesota	41	West Virginia	54
Mississippi	65	Wisconsin	35
Missouri	43	Wyoming	83

Arranged Numerically

10	Dist. of Columbia	56	South Carolina
11	Maine	57	Georgia
12	New Hampshire	58	Florida
13	Vermont	61	Kentucky
14	Massachusetts	63	Tennessee
15	Rhode Island	64	Alabama
16	Connecticut	65	Mississippi
21	New York	71	Arkansas
22	New Jersey	72	Louisiana
23	Pennsylvania	73	Oklahoma
31	Ohio	74	Texas
32	Indiana	81	Montana
33	Illinois	82	Idaho
34	Michigan	83	Wyoming
35	Wisconsin	84	Colorado
41	Minnesota	85	New Mexico
42	Iowa	86	Arizona
43	Missouri	87	Utah
45	North Dakota	88	Nevada
46	South Dakota	91	Washington
47	Nebraska	95	Oregon
48	Kansas	93	California
50	Delaware	94	Puerto Rico
51	Maryland	95	Hawaii
52	Virginia	96	Alaska
54	West Virginia	97	Guam
55	North Carolina	98	Virgin Islands

IMPORTANT

THE FEDERAL DEBT COLLECTION ACT of 1996 requires us to obtain your **Taxpayer Identification Number**. This would be either your Social Security Number or your Employer Identification Number.

This number is for the purpose of collecting and reporting on any delinquent amounts arising out of a person's relationship with the government.

Our computer system will no longer allow processing of your application, license renewal or registration update without entering one of the above numbers.

We appreciate your cooperation in this matter. Please complete the following blanks and return this with your application, renewal application or registration update.

Your Name: _____

Your Facility Name: _____

License/Registrant Number: _____

Social Security Number: _____

OR

Employer Identification Number: _____

5.4.41

VOLUNTARY CANCELLATION OF LICENSE/REGISTRATION

TO United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

I wish to cancel my license/registration as a USDA licensed or registered

☐ Dealer ☐ Exhibitor ☐ Research Facility ☐ Carrier ☐ Intermediate Handler

LICENSE/REGISTRATION NUMBER _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER ( ) _____

I am discontinuing operations as a dealer, exhibitor, research facility, carrier, or intermediate handler and do voluntarily surrender my license/registration. I understand that if a license or registration is required in the future, it will be necessary to apply for a license/registration and meet all the requirements. Furthermore, I understand that operating without a license/registration is a violation of the Animal Welfare Act and subject to punishment.

☐ MY LICENSE/REGISTRATION CERTIFICATE IS ATTACHED.

☐ I CANNOT RETURN MY LICENSE/REGISTRATION CERTIFICATE BECAUSE:

_____

_____

_____

_____

SIGNATURE _____ DATE _____

PRINT NAME _____

5.4.42

TITLE _____